2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000079170

1. Entity Name

MARK T. DAMERAU, D.M.D., P.A.



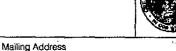
FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

400 VILLAGE SQ.CROSSING

SUITE #1

PALM BEACH GARDENS, FL 33410



400 VILLAGE SO.CROSSING

SUITE #1

PALM BEACH GARDENS, FL 33410



DO NOT WRITE IN THIS SPACE

01122007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0448742 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

5. Name and Address of Current Registered Agent

DAMERAU, MARK T D.M.D 400 VILLAGE SQ.CROSSING SUITE 1

SIGNATURE:

PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 					
SIGNATURE Signature, typed or printed name of registered agent and title if epplicable (NOTE: Registrored Agent signature required when reinscaling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ancing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	T	<u>,,</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAMERAU, MARK T 400 VILLAGE S CROSSING PALM BEACH GARDENS, FL 33410				(Innonne13917
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/06/07-80004-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					